



State of Rhode Island  
Department of Business Regulation



**DIVISION OF COMMERCIAL LICENSING AND REGULATION**

**UPHOLSTERY SECTION**

**233 Richmond Street, Suite 230**

**Providence, Rhode Island 02903-4230**

**Telephone (401) 222-2416 Facsimile (401) 222-6654**

**[www.dbr.state.ri.us](http://www.dbr.state.ri.us)**

Dear Applicant,

Enclosed is an application to apply for a bedding and upholstery license in the State of Rhode Island. You may also find this instruction sheet along with the application on our web site @ [www.dbr.state.ri.us](http://www.dbr.state.ri.us). Please complete the application, submit the proper fees, and return them to the above address.

The Bedding and Upholstery license has a three- (3) year license period running from **July 1, 2006 to June 30, 2009**. If you are applying for a license in the middle of the licensing period, PLEASE NOTE THAT THE FEES ARE PRO-RATED YEARLY.

Type of License	1 <sup>st</sup> Year July 1, 2006- June 30, 2009	2 <sup>nd</sup> Year July 1, 2007- June 30, 2009	3 <sup>rd</sup> Year July 1, 2008- June 30, 2009
MANUFACTURER/SUPPLY DEALER	\$525.00	\$350.00	\$175.00
RENOVATOR/REPAIR/SECOND HAND	\$150.00	\$100.00	\$ 50.00
STERILIZER	\$140.00	\$105.00	\$ 70.00

If you need a copy of the state statute governing bedding and upholstered furniture, please submit a check in the amount of two dollars (\$2.00). Or you can find them on the web @ **<http://www.rilin.state.ri.us/Statutes/TITLE23/23-26/INDEX.HTM>**.

All checks should be made payable to the State of Rhode Island General Treasurer, in U.S. Dollars and drawn on an U.S. Bank. No foreign checks or currency accepted. NO CASH!

Should you have any further questions, please do not hesitate to contact this office at the above number.

Sincerely,

Kim Precious  
Licensing Aide



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APPLICATION FOR A BEDDING AND UPHOLSTERY LICENSE

(As required by Chapter 26, Title 23, of the Rhode Island General Law 1956, as amended)

NAME OF BUSINESS

APPLYING FOR LICENSE: \_\_\_\_\_

BUSINESS

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

ADDRESS FOR PLANT

IF DIFFERENT FROM ABOVE: \_\_\_\_\_

\_\_\_\_\_

BUSINESS TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

TYPE OF OWNERSHIP: ☐ CORPORATE ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ ASSOCIATION

PRINCIPAL OFFICIAL IN CHARGE: \_\_\_\_\_

=====

HEREBY APPLY FOR A LICENSE AS A: (Check all that apply)

TRIENNIAL LICENSE FEE

- |  |          |
|--|----------|
| <input type="checkbox"/> Manufacturer of Bedding and/or Upholstered Furniture .....            | \$525.00 |
| <input type="checkbox"/> Supply Dealer-Filling Materials only .....                            | \$525.00 |
| <input type="checkbox"/> Renovator/Repairer of Bedding and/or Upholstered Furniture .....      | \$150.00 |
| <input type="checkbox"/> Second Hand Upholstered Furniture or Second Hand Bedding Dealer ..... | \$150.00 |
| <input type="checkbox"/> Sterilizer .....  | \$140.00 |

SUCH LICENSE IS TO BECOME EFFECTIVE ON: \_\_\_\_\_

PRINCIPAL MATERIALS USED OR HANDLED \_\_\_\_\_

☐ I HAVE A UNIFORM REGISTRY NUMBER \_\_\_\_\_ STATE ISSUED BY \_\_\_\_\_

☐ I DON'T HAVE A UNIFORM REGISTRY NUMBER AND HEREBY REQUEST ONE FROM THE STATE OF RI.

☐ I OPERATE A STERILIZATION PLANT IN \_\_\_\_\_, AND HAVE A PERMIT NUMBER \_\_\_\_\_,

WHICH EXPIRES ON \_\_\_\_\_, AND IS LOCATED AT \_\_\_\_\_.

I agree to forward in duplicate a specimen of the tag to be attached to articles of bedding, upholstered furniture or filling materials the approval of which must be obtained before any article can be manufactured, sold, or offered for sale in the State of Rhode Island.

X \_\_\_\_\_

SIGNED

\_\_\_\_\_

DATED

Revised 4/06